Fees pursuant to the (	Effective on 12/ Consolidated Appr		005 (H.R. 4818	3).		Comple	ete if Known		
FEET	FEE TRANSMITTAL				cation Number	10/553,6	566		
	T			Filing	Filing Date 04.		4/15/2004		
For FY 2009				First 1	First Named Inventor		Brian John Higgins		
Applicant claims small entity status. See 37 CFR 1.27				Exam	Examiner Name		Nkeisha J. Smith		
• •				Art U	nit	3632			
TOTAL AMOUN	Γ OF PAYME	NT (\$)	245.00	Attorr	ney Docket	4623 - 0	)53150		
METHOD OF PAY	YMENT (checl	c all that apply	<sup>'</sup> )						
Check 🗸	Credit Card	Money O	rder	None	Other (please ide	autify):			
	unt Deposit Ac	J		0650	Deposit Account				
				· · · · · ·	beposit Account authorized to: (cl		apply)		
	narge fee(s) indic						below, except for the filing		
Ch	narge any additio	nal fee(s) or un	nderpayments	of fee(s)			•		
und und	der 37 CFR 1.16	and 1.17				overpaymen			
WARNING: Information information and authorities and authorities and authorities are also also also also also also also also	on on this form may zation on PTO-203	y become public. 8.	Credit card in	formation shou	ıld not be included oı	ı this form. Pı	rovide credit card		
FEE CALCULATION	ON (All the fee	es below are d	ue upon fili	ng or may b	e subject to a su	rcharge.)			
1. BASIC FILING	G, SEARCH, A	ND EXAMIN	NATION FE	ES					
		G FEES		CH FEES	EXAMINA'		5		
Application Ty	_	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		mall Entity  Foo (\$)	Foos Daid		
Utility	330	82	540	270	<u>Fee (\$)</u> 220	<u>Fee (\$)</u> 110	Fees Paid		
Design	220	110	100	50	140	70	<u></u>		
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270		325			
Provisional					650		<del></del>		
2. EXCESS CLAI	220	110	0	0	0	0	<del></del>		
Fee Description	W PLES						<u>Sm</u> <u>Fee (\$)</u>		
Each claim over 20	(including Reis	sues)					52		
Each independent c	laim over 3 (inc	luding Reissu	es)				220		
Multiple dependent	claims						390		
<b>Total Claims</b>	<u>- 20 or HP</u>	<u>Extra Cla</u>	ims <u>F</u>	<u>ee (\$)</u>	Fee Paid (\$)		Multiple Depen		
	29	=0	x	=	0		Fee (\$)		
HP = highest number	r of total claims pa	id for, if greater	than 20.						
Indep. Claims	<u>-3 or HP</u>	Extra Cla	<u>ims</u> <u>F</u>	<u>'ee (\$)</u>	Fee Paid (\$)				
3	3	= 0	x	=	0				
HP = highest number  3. APPLICATION		aims paid for, if	greater than 3.						
· · · · · · · · · · · · · · · · · · ·		igs exceed 10(	) sheets of pa	ıper (excludi	ng electronically	filed seque	nce or computer listings u		
37 CFR 1.5	52(e)), the appli	cation size fee	due is \$270			_	al 50 sheets or fraction the		
See 35 U.S <u>Total Sheets</u>	S.C. 41(a)(1)(G) <u>Extra S</u>			of park add	tional El au fua	rtion thousa	of Foo (C)		
<del></del>	100 =	/ 50 =	14umber		tional 50 or frac l up to a whole nun		$\frac{\text{Of}}{x} \qquad \frac{\text{Fee (\$)}}{\text{=}} \qquad =$		
4. OTHER FEE(S	·			(10uno	. ap to a milolo hull				
	y Specification,	\$130 fee (1	no small enti	tv discount)			$\mathbf{F}_0$		
٥	ite filing surcha	_		,					
(10), 1		<u> </u>							
OTHER PROPERTY SEE	-								
SUBMITTED BY	<i>h</i> (	\ \frac{1}{2} \ \lambda	_	■ T3 .	orighustia NT		1		
SUBMITTED BY Signature	lal	w. W.	Zen.		gistration No. ttorney/Agent)	56,009	Telephone 412-4		